Bulletin 109 **March 13, 2002**

GROUP ACCIDENT AND SICKNESS LOSS HISTORY INFORMATION

This Bulletin is directed to all insurance companies, administrators (as defined by IC 27-1-25-1(a)) and health maintenance organizations (as defined by IC 27-13-1-19) that issue or administer group accident and sickness insurance in the State of Indiana. Group accident and sickness insurance includes coverage provided to employer groups, associations, trusts or any other qualified group. Association and trust products that are marketed to employers or to individuals are group accident and sickness insurance even if the issuer is individually underwriting members of the association or trust. This Bulletin does not apply to group insurance policies of the following types: accident only; credit; dental; vision; Medicare supplement; long term care; or disability income. This Bulletin is intended to replace Bulletin 69 issued on January 31, 1991. Bulletin 69 is hereby withdrawn.

This Department has become aware that many group health plans are continuing to experience difficulties obtaining loss histories for their health plans. This information is essential to these groups to effectively manage health care costs and insurance premiums. The purpose of this Bulletin is to set forth minimum standards for insurers, administrators and health maintenance organizations to meet when responding to requests for loss history information.

From information available, companies should provide loss history information to the group health plan within thirty (30) days of a written request. Reports need not be provided more often than twice annually. At a minimum, groups have a right to expect loss history information from current and former insurers, administrators or health maintenance organizations for any group covering two (2) or more individuals. These reports should be current and available to the group health plan for three (3) years after termination of a policy.

The loss history information provided to the group health plan must include at least the following information based on a calendar year, policy year, or renewal period:

1. Total premium received;
2. Total incurred claims;
3. Total paid claims;
4. Total pending claims; and
5. Description of any large or catastrophic claims exceeding five thousand dollars ($5,000). The Department acknowledges that there are privacy issues to be considered in providing this information. Information should be provided in a format that does not disclose personally identifiable health information unless there is authority to do so.

Information on claims received but not yet processed is not expected to be included. The information provided should be current to thirty (30) days prior to the request.

The Department will monitor and expects compliance with the foregoing guidelines. The Department considers refusal by an insurer, administrator or health maintenance organization to provide loss history information upon the request of a group health plan or an unreasonable delay in providing such information, to be an unfair and deceptive act. Upon notification of such acts the Department will investigate and pursue any appropriate administrative action.

INDIANA DEPARTMENT OF INSURANCE
Sally McCarty, Commissioner